

November 28, 2017

### VIA FEDERAL EXPRESS

Michael Constantino Supervisor, Project Review Section Illinois Department of Public Health Health Facilities and Services Review Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761

## RECEIVED

DEC 1 2 2017

HEALTH FACILITIES & SERVICES REVIEW BOARD

Rc: Notice of Project Completion and Final Realized Cost Report – Collinsville Dialysis (Proj. No. 16-009)

Dear Mr. Constantino:

On behalf of DaVita Inc. and Total Renal Care Inc. d/b/a Collinsville Dialysis (collectively, "DaVita"), I am writing to submit the notice of project completion and final realized project cost report for Project No. 16-009. On May 10, 2016, the Illinois Health Facilities and Services Review Board ("State Board") approved DaVita's application for a certificate of need permit to establish an 8-station in-center hemodialysis facility located at 101 Lanter Court, Building 2, Collinsville, Illinois 62234 (the "Project"). The Project was obligated on November 28, 2016 through execution of the construction contract for the dialysis facility. The facility was notified by the Centers for Medicare and Medicaid Services in a letter dated September 26, 2017 that the 8 stations were approved and certified with an effective date of September 11, 2017.

For your review, DaVita submits the following information as its final realized cost report for the establishment of Collinsville Dialysis:

## 1. Final Realized Project Costs

Collinsville Dialysis Final Realized Project Co	sts	
	_Approved	Expended
Modernization Contracts	\$1,080,323	\$1,080,323
Contingencies*	\$108,000	\$101,338
Architectural /Engineering Fees	\$92,000	\$58,394
Consulting and Other Fees	\$80,000	\$13,792
Movable or Other Equipment (not in construction contracts)	\$499,132	\$473,805
Fair Market Value of Lease Space and Equipment	\$539,853	\$539,853
ESTIMATED TOTAL PROJECT COST	\$2,399,308	\$2,267,505

Michael Constantino November 28, 2017 Page 2

\*The G702 does not include the Permit Holder's purchased lighting package of \$29,245 or additional hardware totaling \$31,747. These amounts were added to the Modernization Construction Contingencies costs.

All of the costs reported in the Table above will be reported on the Medicare / Medicaid cost reports.

## 2. Medicare and Medicaid Cost Reports and Certification of Compliance

Pursuant to 77 Ill. Admin. Code §1130.770, DaVita certifies the final realized costs are the total costs required to complete the Project and no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify DaVita has complied with all of the terms of the permit to date and all information submitted in this cost report for the facility is true and correct.

## 3. Final Application and Certification for Payment

Attached as Attachment A is the final Application and Certification for Payment (G702) for the Project.

If you have any questions or need any additional information related to the Project, please feel free to contact Tim Tincknell at 773-278-4403 or timothy.tincknell@davita.com.

Sincerely,

Mary J. Anderson

Division Vice President

ary J. Underson

MELISSA BOLWIN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 06/15/19

DaVita Inc.

SUBSCRIBED AND SWORN to before me this 28 day of

NovemBeR 2017

My commission expires: 06/15/19

Attachment

cc: Dave Schrader, DaVita Inc.

Anne Cooper, Polsinelli PC

Fax Server

11/27/2017 9:48:07 AM PAGE 2/003 Fax Server

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Midwest Division of Survey and Certification Chicago Regional Office 233 North Michigan Avenue, Suite 600 Chicago, IL 60601-5519



CMS Certification Number (CCN): 142822 National Provider Identifier (NPI): 1811437106

September 26, 2017

Administrator
Total Renal Care
D/b/a Collinsville Dialysis
101 Lanter Court Suite 109-111
Collinsville, IL 62234

### Dear Administrator:

The Centers for Medicare & Medicaid Services has accepted your request for approval as a supplier of renal services in the Medicare program. Your effective date of coverage is September 11, 2017.

Your unit has been approved as a renal dialysis facility. This approval is for a total of eight (8) maintenance stations.

Your facility is approved to provide the following services:

### -In Center Hemodialysis

Your National Provider Identifier (NPI) is your primary identifier for all health insurance billing. The NPI should be entered on all forms and correspondence relating to the Medicare program. In addition, you have been assigned the CMS Certification Number (CCN) shown above; please provide it when contacting this office, when contacting the State agency, or any time it is requested.

Your Medicare Administrative Contractor (MAC) for reimbursement for renal treatment procedures will be National Government Services. You must maintain separate cost centers for all renal services. Your intermediary will contact you shortly to explain the special reimbursement procedures.

When you make general inquiries to your MAC, you will be prompted to give either your provider transaction access number (PTAN) or CCN. These identification numbers are used as authentication elements when inquiring about beneficiary- and claim-specific information. When prompted for your PTAN, give your CCN.

The Medicare Administrative Contractor (MAC) will complete the final steps and will notify you of your enrollment or denial including the date when you may begin submitting claims for payment. Your CCN is contingent upon your enrollment into the Medicare program. If your enrollment is ultimately denied by the MAC, your CCN will be voided.

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Collinsville Dialysis

Page 2

The Illinois Department of Public Health has advised you of certain deficiencies which were noted during the survey. We have reviewed your written plan for correcting these deficiencies and have determined that your plan is acceptable. We expect that you will correct the deficiencies within the time frames specified in your plan of correction. The Illinois Department of Public Health will verify correction of the deficiencies.

If you are dissatisfied with the effective date of Medicare participation indicated above, you may request that the determination of the effective date be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. The request for reconsideration must state the issues or the findings of fact with which you disagree and the reasons for disagreement.

Please inform the Illinois Department of Public Health if you wish to relocate your facility, change the services which you are currently providing, change the number of approved stations, or undergo a change in ownership.

We welcome your participation and look forward to working with you in the administration of the Medicare program. If you have any questions, please contact Lindsey Hoffman, Certification Specialist, in the Chicago Office at (312) 353-5198 or via email at <u>Lindsey.hoffman@cms.hhs.gov</u>.

Sincerely,

Maria Vergel De Dios

Principal Program Representative

Non-Long Term Care Certification & Enforcement Branch

cc: Il

Illinois Department of Public Health
Illinois Department of Health Care & Family Service
National Government Services
Renal Network #10

#### **DAVITA - APPLICATION FOR PAYMENT: Cover Sheet** PAGE ONE OF THREE PAGES TO OWNER: PROJECT: APPLICATION NO: 6 - Retention Distribution to: DaVita, Inc. DaVita Dialysis Collinsville, IL. Collinsville D11573 1627 Cole Blvd. bldg 18 10! Lanter Court OWNER 02.01 \$112.066.90 Lakewood, CO Collinsville, 1L 62234 ARCHITECT PERIOD TO: 06/14/17 CONTRACTOR FROM CONTRACTOR: VIA ARCHITECT: PERIOD FROM: 04/06/17 TRK Construction, LLC Pulse Design Group, Inc. 8350 N St Clair Ave 8207 Melrose Drive, Suite 145 Suite 200 Lenexa, KS 66214 DocuSigned by: DVA PROJ NO: 11,573 GC JOB NO: 16,011 CONTRACT FOR: General Construction CONTRACT DATE: 11/28/16 CONTRACTOR'S APPLICATION FOR PAYMENT The undersigned Contractor certifies that to the best of the Contractor's knowledge, Application is made for payment, as shown below, in connection with the Contract information and belief the Work covered by this Application for Payment has been Continuation Sheet is attached. completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due 1. ORIGINAL CONTRACT SUM 1,120,669 00 2. Net change by Change Orders 0,00 CONTRACTOR: 3. CONTRACT SUM TO DATE (Line 1 ± 2) 1,120,669.00 4 TOTAL COMPLETED & STORED TO 1,120,669,00 DATE: Column G (TI Tab) 5 RETAINAGE: CYNTHIA P. CONNER a. 0.00 % of Completed Work 0.00 Notary Public - Notary Seal (Column D + E on Tl Tab) State of Missouri Commissioned for Clay County b. 0.00 % of Stored Material 0.00 Commission Expires: May 02, 2020 (Calumn F an Tl Tab) Total Retainage (Lines 5a + 5b or Total in Column 1 of Tt Tab) CERTIFICATE FOR PAYMENT 0,00 6. TOTAL EARNED LESS RETAINAGE 1,120,669.00 In accordance with the Contract Documents, based on an-site abservations and the data (Line 4 Less Line 5 Total) comprising the application, the quality of the Wark is in accordance with the Contract 7. LESS PREVIOUS CERTIFICATES FOR Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED. PAYMENT (Line 6 from prior Certificate) \$1,008,602,10 8. CURRENT PAYMENT DUE 112,066.90 9 BALANCE TO FINISH, INCLUDING RETAINAGE \$ 0.00 AMOUNT CERTIFIED .....S //2,066.90 (Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved	Ĭ	
in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$0,00	\$0.00
TOTALS	\$0,00	\$0,00
NET CHANGES by Change Order	\$0.00	

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein, Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

Authorized Representative:

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and onthe Continuation Sheet that are changed to conform with the amount certified.)

<sup>\*</sup> Note- All items in blue require manual entry

## Schedule of Values (MBBI)

PAGE 1 OF 3 PAGES

APPLICATION NO: 6 - Retention
APPLICATION DATE: 6/14/2017
PERIOD TO: 6/14/2017
PERIOD FROM: 4/6/2017

Cost Categories shown below are not to be added to, or deviated from \_\_\_\_\_\_
In tabulations below, state amount for each category

Use Column I on Contracts where variable retainage for line items may apply.

DaVita PROJECT NO: 11,573 н DESCRIPTION OF WORK SCHEDULED WORK COMPLETED MATERIALS TOTAL BALANCE RETAINAGE VALUE FROM PREVIOUS THIS PERIOD PRESENTLY COMPLETED IG ÷C) TO FINISH (IF VARIABLE APPLICATION STORED AND STORED (C - G) RATE) (D + E) (NOT IN TO DATE (% ° G) D OR E) (D+E+F) MBBIs 1.1 General Requirements \$0.00 \$0.00 \$0,00 \$0,00 \$0.00 \$0.00 1.2 Overhead and Profit \$0.00 \$0.00 \$0,00 \$0,00 \$0.00 \$0.00 1.3 Demolition \$24,000.00 \$24,000.00 \$0.00 \$0.00 \$24,000.00 100.00% \$0.00 \$0.00 2.1 Site Construction \$0,00 \$0,00 \$0.00 \$0.00 \$0.00 \$0.00 2.2 Site Utilities \$0.00 \$0.00 \$0.00 \$0.00 \$0,00 \$0.00 2.3 Site Remediation \$0,00 \$0.00 \$0.00 \$0.00 \$0,00 \$0,00 3.1 | Concrete \$5,000,00 \$5,000.00 \$0.00 \$0.00 \$5,000.00 100.00% \$0.00 \$0.00 4.1 Masonry \$11,790.00 \$11,790.00 \$0.00 \$0.00 \$11,790.00 100.00% \$0,00 \$0,00 5.1 Metals \$0.00 \$0.00 \$0.00 \$0,00 \$0.00 \$0.00 6.1 Rough Carpentry \$0,00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 7.1 Thermal & Moisture (roofing) \$4,275.00 \$4,275.00 \$0.00 \$0.00 \$4,275,00 100.00% \$0.00 \$0.00 7.2 [Thermal Protection (Insulation) \$2,925,00 \$2,925,00 \$0.00 \$0.00 \$2,925,00 100.00% \$0.00 \$0,00 8.2 Entrances & Storefronts \$21,395.00 \$21,395,00 \$0.00 \$0.00 \$21,395.00 100,00% \$0.00 \$0.00 8.3 Glass & Glazing (exterior) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0,00 9.4 Paints & Coatings \$0.00 \$0,00 \$0.00 \$0,00 \$0.00 \$0.00 10.1 Specialties \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 11,1 Equipment \$0,00 \$0.00 90.02 \$0.00 \$0,00 \$0.00 13.1 Special Const. & Hazmat remed. \$0.00 \$0.00 \$0.00 \$0,00 \$0,00 \$0,00 14.1 Conveying systems, elevators \$0.00 \$0,00 \$0.00 50.00 \$0.00 \$0.00 15.1 HVAC Equipment (Units only) \$52,000.00 \$52,000.00 \$0.00 \$0.00 \$52,000.00 100.00% \$0.00 \$0.00 15.2 Plumbing (Building shell) \$30,000,00 \$30,000.00 \$0,00 \$0.00 \$30,000,00 100.00% \$0.00 \$0.00 16.1 Electrical (Building Service) \$37,990.00 \$37,990,00 \$0.00 \$0.00 \$37,990.00 100.00% \$0.00 \$0.00 Change Order # ? \$0.00 \$0.00 Change Order # ? \$0.00 \$0.00 Change Order # ? \$0.00 \$0,00 Change Order # ? \$0.00 \$0.00 Change Order # ? \$0.00 \$0.00 Change Order #? \$0.00 90.02 Change Order #? \$0,00 \$0.00 Change Order #? \$0.00 \$0,00 Change Order #? 50.00 \$0,00 Change Order #? \$0.00 \$0,00 MBBI TOTALS \$189,375.00 \$189,375.00 \$0,00 \$0.00 \$189,375,00 100.00% \$0.00 \$0.00

## Schedule of Values (Life Safety)

PAGE 2 OF 3 PAGES

Cost Categories shown below are not to be added to, or deviated from

In tabulations below, state amount for each category

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 6 - Retention

APPLICATION DATE: 6/14/2017

PERIOD TO:

6/14/2017

PERIOD FROM:

4/6/2017

DaVita PROJECT NO:

11.573

Α	B	С	D	E	F	G		н	ī
ITEM	DESCRIPTION OF WORK	SCHEDULED	WORK COM	PLETED	MATERIALS	TOTAL	%	BALANCE	RETAINAGE
NO.		VALUE	FROM PREVIOUS	THIS PERIOD	PRESENTLY	COMPLETED	(G ÷ C)	TO FINISH	(IF VARIABLE
		İ	APPLICATION		STORED	AND STORED		(C - G)	RATE)
i			(D + E)		(NOT IN	TO DATE			(% * G)
					D OR E)	(D+E+F)			l
	LIFE SAFTEY		·						
1.1	General Requirements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
	Overhead and Profit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
10.2	Fire Extinguishers	\$800.00	\$800.00	\$0.00	\$0.00	\$800.00	100.00%	\$0.00	\$0.00
	Fire Protection Piping	\$48,000.00	\$48,000.00	\$0.00	\$0.00	\$48,000.00	100.00%	\$0.00	
16.2	Fire Alarm System	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
	Change Order #?	\$0.00		ŀ		\$0.00		\$0.00	\$0.00
	Change Order #?	\$0.00				\$0.00		00.02	\$0.00
	Change Order # ?	\$0.00	1	İ		\$0.00		\$0.00	\$0.00
	Change Order # ?	\$0.00				\$0.00		\$0,00	\$0.00
	Change Order # ?	\$0.00				\$0.00		\$0.00	\$0.00
	Change Order # ?	\$0.00		i		\$0.00		\$0.00	\$0.00
	Change Order # ?	\$0.00		İ		\$0.00		\$0.00	\$0.00
	Change Order #?	\$0.00				\$0.00		\$0.00	\$0.00
	Change Order # ?	\$0.00		1		\$0.00		\$0.00	\$0.00
	Change Order # ?	\$0.00				\$0.00		\$0.00	\$0.00
	LIFE SAFTEY TOTALS	\$48,800.00	\$48,800.00	\$0.00	\$0.00	\$48,800.00	100.00%	\$0.00	

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

## Schedule of Values (Tenant Improvements)

PAGE 3 OF 3 PAGES

Cost Categories shown below are not to be added to, or deviated from

In tabulations below, state amount for each category

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 6 - Retention APPLICATION DATE: 6/14/2017 PERIOD TO: 6/14/2017

PERIOD FROM: 4/6/2017

DaVita PROJECT NO: 11,573

Α			D E		Davia FROJEC			11,373		<del></del>	
ITEM	B BECOMETION OF WARM	C			F	G		н	I	ı	
	DESCRIPTION OF WORK	SCHEDULED	WORK COM		MATERIALS	TOTAL	%	BALANCE	RETAINAGE	DVA	
ND.		VALUE	FROM PREVIOUS	THIS PERIOD	PRESENTLY	COMPLETED	(G+C)	TO FINISH	(IF VARIABLE	Task	
			APPLIC ATION		STOREO .	AND STORED		(C - G)	RATE)	Code	
			(D + E)		(NOT IN	TODATE			(% * G)		
		ļ <u>.</u>			D OR E)	(D+E+F)					
	TENANT TOTALS	J I				]	1		-		
	General Requirements	\$92,506.00	\$92,506.00	\$0.00	\$0.00	\$92,506.00	100.00%	\$0.00	\$0.00		
1.2	Overhead and Pro fit	\$66,830,00	\$66,830,00	\$0.00	\$0.00	\$66,830.00	100,00%	\$0.00	\$0.00		
5.1	Metals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00		
	Rough Carpentry	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00		\$0,00	\$0.00		
6.2	Finish Carpentry & Cabinetry	\$83,560.00	\$83,560.00	\$0.00	\$0.00	\$83,560.00	100.00%	\$0.00	\$0.00		
8.1	Doors, Frames & Hardware	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	,	
	Glass & Glazing (Interior)	\$19,597.00	\$19,597.00	\$0.00	\$0.00	\$19,597.00	100,00%	00,02	\$0.00		
9,1	Drywall and Framing	\$164,315,00	\$164,315,00	\$0.00	\$0,00	\$164,315.00	100.00%	\$0.00	\$0.00		
9.2	Ceilings	\$13,850.00	\$13,850.00	\$0.00	\$0,00	\$13,850.00	100.00%	\$0.00	\$0.00		
9.3	Flooring	\$44,657.00	\$44,657.00	00.02	\$0.00	\$44,657,00	100.00%	\$0.00	\$0.00		
9.4	Paints & Coatings	\$14,305.00	\$14,305.00	\$0.00	\$0.00	\$14,305,00	100.00%	\$0.00	\$0.00		
10.1	Specialties	\$3,242.00	\$3,242.00	\$0.00	\$0.00	\$3,242,00	100.00%	\$0.00	\$0.00		
11.1	Equipment	\$0.00	\$0.00	\$0,00	00.02	\$0,00		\$0.00	\$0.00		
12.1	Furnishings	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00		\$0,00	\$0.00		
15.1	HVAC Equip and Distribution	\$98,312.00	\$98,312.00	\$0.00	\$0.00	\$98,312.00	100.00%	\$0.00	\$0.00		
15.2	Plumbing (Tenant improvements)	\$145,720.00	\$145,720.00	\$0.00	\$0.00	\$145,720.00	100,00%	\$0.00	\$0.00	,	
16.1	Electrical	\$108,000,00	\$108,000.00	\$0.00	\$0.00	\$108,000.00	100,00%	\$0.00	\$0.00		
16.3	Security System	\$27,600.00	\$27,600.00	\$0.00	\$0.00	\$27,600,00	100.00%	\$0.00	\$0.00		
16.4	Generator	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	100.0070	\$0.00	\$0,00		
	Change Order #?	· ·		-	00,00	\$0.00		\$0.00	\$0.00		
	Change Order # ?					\$0.00		\$0.00	\$0.00		
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	Change Order #?					\$0.00	ľ	\$0.00	\$0.00	!	
	Change Order #?	Ţ				\$0.00		\$0.00	\$0.00		
	Change Order #?			}		\$0.00		00,02	\$0.00		
[	Change Order # ?	1				\$0.00		\$0.00	\$0.00		
	TENANT TOTALS	\$882,494.00	\$882,494.00	\$0.00	\$0.00	\$882,494.00	100,00%	\$0.00	\$0.00	2.01	
	MBBI TOTALS	\$189,375,00	\$189,375,00	\$0.00	\$0.00	\$189,375.00	100.00%	\$0.00	00.02	2.02	
	LIFE SAFTEY TOTALS	\$48,800,00	\$48,800,00	\$0.00	\$0.00	\$48,800.00	100.00%	\$0.00	\$0.00	2.02	
		7.5,550,00	5.0,000		30.00	\$-10,600.00	100.0098	30,00	30.00		
Ţ.	TOTAL	\$1,120,669.00	\$1,120,669.00	\$0.00	\$0.00	\$1,120,669.00	100,00%	\$0.00	\$0.00	<del> </del>	
Ι΄ ΄	†' <u></u>	1	. 2.,.20,000.00	30.00		31, 20,005,00	100,00%	50.00	30.00	ĺ	

# DocuSign Envelope ID: E0FC155A-63C8-4D64-B03D-EB009A011B07 Project Costing Recap

	DESCRIPTION OF WORK	Nr).	SUBDITIO	TASK NO	SCHOOLIAD VALIS,	TAXE NO	SCHOOL LED VALUE	TATK N2)	VALE. VALED	CILLMENT CHESING CATHERING
$\Box$		VERBI (#2	#2)	417.4	FETT (FZ.45)	115 (02/	1)	TOTAL	BY TANKING	
	Canaral Requirements	11	50.00	11	50 60	L.t	\$72,506.40	1.1	\$92,506.00	
12	Courbond and Profit	12	\$0.00	12	\$0.00	1.2	\$56,870 60	1.2	\$66,1(30.06	
13	Demokratien Var Countratien	1.3	\$24,000 66	NA		N'A		1.3	\$24,030,00	
	Sac Utilain.	21	\$0.00	N.A.		NA.		2.1	90 00	
	Site Remediation	2.2	\$8,00 \$8,00	N'A NA		NA NA		22	\$0.00 \$0.00	
	Crace	2.3	\$5,600 ab	NA.		NA NA	!			
	Marany	41	811,796.00	N'A		NA.		3.6 4.1	\$5,000 00 \$11,790.00	
	Metula	5;	\$0.00	YA.		51	90 06	3:	\$8.00	
	Rough Corporates	61	\$0.00	N A		61	90.00	61	\$0,00	
62	Franch Corporate; At Cobsesses	NA	J., p.,	N A		6.2	5x1,560.60	62	\$23,560,00	
	Thurtest & Musters (markey)	71	\$4,275.00	N A		ΝA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.1	\$4,275 00	
	Thornal Pretection (Insulatory)	32	52,925.00	N.A		N n		7.2	\$2,925,00	
	Done, France & Hardware	NA.		N.A		8:	99.60	NI	50 m	
	Farrance & Streetfiness	R2	\$21,395 50	N 6		N.A	+	R2	\$21,745,60	
8.5	Glassic Garing	8.3	5000	NA		NA.	119,597 00	13	\$14.97.60	
	Drywell and Frances	F.A.		N 6		41	\$164,31500	41	\$164,315,90	
92	Colors	NA.		K 6		9.2	\$13,850.00	+2	\$13,850.00	
9,1	Perring	N A		NA			\$44,657.00		544,0,°0,00	
9.1	Prints & Overage	94	\$0,00	N A		94	\$14,305.00	+4	\$14,305.00	
101	Specialism	10.1		NA		10.1	\$1,24200	16.1	\$3,242,00	
101	Fare extregarchers	NA.		19.2	5m(n) (m)	FA.		10.2	DB 00R2	
11.1	Yangunga	11.1	\$0.00	N'A		11.1	\$0.00	11.0	\$0.00	
13.1	Special Creek & Hazand remail	13.4	59.00	NA.		12.1	50 00	13 (	\$0.00	
141	Company entere, elevators	le 1	80 00	NA		KA		14.5	\$10.00	
151	IIVAC	15.3	\$52,000.00	NA		15.1	\$94,112.00	15.1	5150_512.00	
	Plantes at Equipment	15.2	\$30,000.00	N A		15 2	5145 730 00	(5.2	\$175,720.60	
	For Prefective Paring	NA.		(5.3	518,000,00	КA		15.3	\$41,000,00	
101	Floctrope	163	537,000 00	NA.		16,3	\$100,000.00	16.1	\$145,990.00	
	Face Allines Stylenes	×A.		162	50,86	>46		(8.2	93.00	
161	Somethy System	NA.		NA.		16.1	\$27,600,00	16.)	\$27,600,00	
164	Commenter	NA		N'A		16.4	59.00	154	98.00	
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